MEDI-CAL UPDA

Outpatient Services Bulletin 349

Billing and Policy **Expanded Access to Primary Care Bulletin 349**

November 2003

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Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.

Benefits Identification Card: Psychiatric Drugs Exclusion

Effective for dates of service on or after December 1, 2003, claims including the following psychiatric drugs do not require an issue date and may be billed with either the recipient's Social Security Number or BIC ID number:

Amantadine HCl Lamotrigine Amitriptyline HCl Lithium Carbonate Aripiprazole Lithium Citrate Benztropine Mesylate Loxapine Succinate Biperiden HCl Mesoridazine Besylate **Bupropion HCl** Mirtazapine **Buspirone HCl** Molindone HCl Carbamazepine Nefazodone HCl Chlorpromazine HCl Olanzapine Citalopram Hydrobromide Oxcarbazepine Clomipramine HCl Paroxetine HCl

Clonidine HCl Perphenazine Phenelzine Clozapine Desipramine HCl Pimozide

Diphenhydramine HCl **Ouetiapine Fumarate** Divalproex Sodium Risperidone

Donepezil HCl Rivastigmine Tartrate Doxepin HCl Sertraline HCl Escitalopram Oxalate Thioridazine HCl Fluoxetine HCl Thiothixene Fluphenazine Decanoate **Topiramate** Fluphenazine HCl Tranylcypromine

Fluvoxamine Maleate Trazodone HCl Gabapentin Trifluoperazine HCl Haloperidol Trihexyphenidyl HCl Haloperidol Decanoate Valproate Sodium Valproic Acid Haloperidol Lactate Hydroxyzine HCl Venlafaxine HCl

Imipramine HCl Isocarboxazid

The Department of Health Services (DHS) Medical Review Branch continues to issue replacement Medi-Cal Benefits Identification Cards (BICs) in an ongoing effort to nullify BICs that may have been stolen or misused. As a general safeguard, there is a claims payment requirement when determining recipient eligibility for use of all but select drugs and services. This claims payment requirement was outlined in the July 2003 Medi-Cal Update in an article titled "Benefits Identification Card: Billing Reminder" and is repeated as follows.

Ziprasidone HCl

Please see **BIC**, page 2

BIC (continued)

When verifying eligibility for recipients who receive new cards, the Automated Eligibility Verification System (AEVS) will return the eligibility message, "For claims payment, current BIC ID number and date of issue required." Providers must have and use the BIC ID number and issue date from the new card when verifying recipient eligibility. All but excluded providers must have and use the BIC ID number and issue date from the new card when submitting claims for reimbursement. If the BIC ID number and issue date of the new card are not on the claim for recipients whose card returns the message, "Current BIC ID number and issue date required for payment," the claim will be denied.

The following provider types are not required to provide an issue date on the claim and may bill with either the recipient's Social Security Number or BIC ID number: Emergency Air Ambulance Transportation, Alternative Birthing Centers, Community Hospital Inpatient, Community Hospital Outpatient, County Hospital Inpatient, County Hospital Outpatient, Genetic Disease Testing, Emergency Ground Transportation, Certified Hospice, Long Term Care Facility and Mental Health Inpatient. For all other provider types, the ID number must be placed on all claims.

For assistance with eligibility, the Automated Eligibility Verification System (AEVS), Point of Service (POS) device or Medi-Cal Web site, <u>www.medi-cal.ca.gov</u>, call the POS/Internet Help Desk at 1-800-427-1295. If illegal use of a BIC is suspected, or if there are questions about this policy, call the Provider Support Center (PSC) at 1-800-541-5555.



CHDP Gateway: Pre-Enrollment Reminder

Since July 1, 2003, Child Health and Disability Prevention (CHDP) program providers have been able to pre-enroll children in the Medi-Cal program using the new *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHS 4073, revised 7/03) either on the Medi-Cal Web site (www.medi-cal.ca.gov) or through the Point of Service (POS) network. Children younger than 19 years of age who are pre-enrolled in Medi-Cal at the time of a CHDP health assessment are eligible to receive either full-scope, no-cost Medi-Cal benefits and dental coverage or CHDP and emergency Medi-Cal services for up to two months.

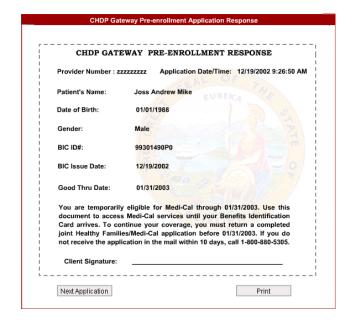
During a child's CHDP health assessment visit, a provider electronically submits pre-enrollment information and receives an immediate response indicating the child's eligibility status. An eligible child will receive coverage for up to two months (during the month of application and the subsequent month).

If a child is eligible for Medi-Cal benefits, a Benefits Identification Card (BIC) number is included in the eligibility response and the provider prints an Immediate Need Eligibility Document for the child from the Web site or POS device.

Any Medi-Cal provider can provide service to children presenting one of the documents below. Use the BIC number that appears on the document to verify eligibility for services such as office visits, optometric exams or prescriptions.

Please see CHDP, page 3

CHDP (continued)



Sample. Immediate Need Eligibility Document via Medi-Cal Web site.



Sample. Immediate Need Eligibility Document via POS device.

Provider Assistance

For questions regarding POS or Internet requirements, contact the POS/Internet Help Desk at 1-800-427-1295, seven days a week, from 6 a.m. to midnight.

Please refer to the Medi-Cal Web site (<u>www.medi-cal.ca.gov</u>) for more information about the CHDP program. Providers who are interested in becoming CHDP providers can contact their local CHDP program. Please visit <u>www.dhs.ca.gov/chdp</u> for a list of local CHDP programs.

Instructions for Manual Replacement Pages Expanded Access to Primary Care (EAP) Bulletin 349

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Part 2

Remove and replace: ub comp op 1/2 3

ub comp op 1/2 * ub spec op 3/4 * ub tips op 1/2 *

^{*} Pages updated/corrected due to ongoing provider manual revisions.